



# COUNTY OF ERIE

**MARK C. POLONCARZ**  
COUNTY EXECUTIVE

**MARK O'BRIEN, LCSW-R**  
COMMISSIONER

## DEPARTMENT OF MENTAL HEALTH

November 6, 2020

Western New York Independent Living Center  
c/o Giuseppina Bugenhagen-NY Connects Outreach Specialist  
3108 Main Street  
Buffalo, NY 14214

Re: Adult SPOA Records

Dear Mr. Ditch:

I am writing in response to your records request dated October 22, 2020, regarding the Erie County Department of Mental Health's Adult SPOA records. Please see the enclosed Erie County Department of Mental Health's Adult SPOA records. Please note that any medical and/or mental health records uploaded to the SPOA referral are not releasable under HIPAA third party disclosure rule. You will need to reach out to those entities directly for any such records.

Sincerely,

A handwritten signature in black ink that reads "Lisa McNeil, MS". The signature is fluid and cursive, with "Lisa" and "McNeil" being more formal and "MS" being a professional designation.

Lisa McNeil, MS  
SPOA Coordinator  
Erie County Department of Mental Health

WNY Independent Living, Inc.  
Received on:

11 / 12 / 20 / 3

Reviewed by: \_\_\_\_\_ on: \_\_\_\_\_  
Approved by: \_\_\_\_\_ on: \_\_\_\_\_



October 22, 2020

RE: Records Needed for Legal Review  
SPAN: Birth to Present

Erie County Department of Mental Health – Adult SPOA  
Edward A Rath County Office Building  
95 Franklin Street, Room 1237  
Buffalo, New York 14202

To Whom It May Concern:

My name is **Andrew Ditch (DOB:6/7/1985)** and I am requesting a copy of my records for a legal review. I am scheduled to have a Fair Hearing in New York State Office of Temporary and Disability Assistance in January 2021. I would like to have my record in its entirety by **November 16, 2020**. I am requesting a copy of my application, any medical or mental health progress notes or documents, all collateral correspondence, all subsequent determination documents, and etc..

For the past three years, I have been homeless and have been struggling with receiving services from the mental health and developmental disability system. Due to the lack of residency, I would like my records to be sent to:

**Western New York Independent Living Center**  
**c/o Giuseppina Bugenhagen – NY Connects Outreach Specialist**  
**3108 Main Street**  
**Buffalo, New York 14214**

Furthermore, I am requesting a waiver of fee for the printing and processing of this request due to my limited financial income. Enclosed you will also find a release from WNY Independent Living, Inc.'s NY Connects program. If you have any questions, please contact me at the above address, or at my email [aditch2010@gmail.com](mailto:aditch2010@gmail.com). Thank you for your consideration on this matter.

Respectfully submitted,



Andrew Ditch



Name: ANDREW DITCH  
Date of Birth: 6/7/1985

Social Security Number:XXX-XX-4297  
Date:10/22/2020

Informed Consent Form  
(NY Connects)

*Client must initial each section that applies and sign at the end. Worker must complete attestation.*

**Informed Consent to Collect and Record Personal Information**

I consent to the Independent Living Center of Erie County saving personal information provided by me or my authorized representative in the Client Data System maintained by the New York State Office for the Aging and used by NY Connects. NY Connects is an Aging and Disability Resource Center which is provided by the New York State Office for the Aging and the New York State Department of Health through its local partners. NY Connects identifies needs, provides information and assistance, and acts as a link to many programs and services that help people remain independent. The Client Data System allows other local partners to see my information if a referral is made, but this will only happen with my permission.

I understand that this information is being collected to help staff link me to services under the NY Connects system. I understand that this information is needed in order for the staff to make referrals on my behalf or to contact other agencies that might help me. The authority to provide these services and to collect my information for these purposes is found in the New York State Elder Law.

I understand that, per New York State's Personal Privacy Protection Law, my personal information will be kept confidential. It will not be shared without my permission.

I understand what information will be recorded, the need for the information, and that there are laws and regulations protecting my information.

I understand that signing this authorization is voluntary, but that refusal to do so may limit options available to me.

Client Initial AD

**Informed Consent to Refer and Share Personal Information**

I request and consent to the release by Independent Living Center of Erie County of all requested records, including but not limited to, personal information, health information, and any other information concerning me that I have provided to Independent Living Center of Erie County to the following entities so they can make referrals for services that I may need, or for the purposes identified as follows:

PLEASE NOTE: Consent is given to WNY Independent Living, Inc to receive my records, to review documents or to further request documents from Erie County Dept. of Mental Health/Adult SPOA to assist me in my OTDA Fair Hearing. The following information is requested for a legal review. Please enclose the entire record (ie: application, collateral notes, progress notes, correspondence, medical records, mental health records, and etc...).

I understand that these records are being released for the purpose of making a referral to the above entities and to help in providing me services.

I understand what information will be released, the need for the information, and that there are laws and regulations protecting the confidentiality of this information.

I understand that signing this authorization is voluntary, but that refusal to do so may limit options available to me.

I understand that information used or disclosed pursuant to this authorization may be re-disclosed by the recipient and in such an event may no longer be protected by federal or state law.

Client Initial AD



# SPOA Referral

Ditch, Andrew

## Primary Referral Information

### *Red Flags*

Red Flag Score: 0

### *Critical Markers*

Time in SPOA: 1 year, 10 months, 10 days

Instances of Homelessness within the last year: 0  
Lethality Risks within the last year: 0  
Arrests within the last year: 0  
Incarcerations within the last year: 0  
ER Visits within the last year: 0  
Hospitalizations within the last year: 0  
Psychiatric ER Visits within the last year: 0  
Psychiatric Hospitalizations within the last year: 0

Current Housing Situation: Unknown  
Current Employment Situation: Unknown  
Current Legal Situation: Unknown  
Referred for:  
Axis I Diagnosis: Unknown

Requests: Care Coordination

## Potential Risk to Self and/or Others

Assigned Care Organization: Spectrum Human Services

Care Phase: Discharged

Currently Assigned To:

Care Coordinator: Kevin Fetzer  
Team: Targeted Case Management  
Care Level: Blended Care Management (BCM)

## Requests

Care Level: Blended Care Management (BCM)  
Care Level Status:

## Referrer

Referred On Behalf of Person:  
Referred On Behalf of Org:

## Vital Demographics

Ditch, Andrew  
Date of birth: 02/23/1968  
Gender: Male  
SSN:

## Contact Information

Ditch, Andrew

Home Phone:  
Cell phone:  
email:

## Race / Primary Language

Ethnicity:  
Primary Language:  
English Proficiency:

## Marital Status / Children

Relationship Status:  
Child Custody Status:

## Current Linkages

## Insurance

## Capabilities

Title	Original	Status	Current Status
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## SPOA Notes

## Attachments

Refused to Sign AOT Consent?:

## Client History Records

## Care Assignment

Active?   
Start: 4/26/2010  
End:  
Care Level: Blended Care Management (BCM)  
Organization: Spectrum Human Services  
Coordinator: Kevin Fetzer  
AOT Type:  
Care Status:

## Housing Assignment

## Care Engagement

Start: 4/26/2010 9:15 AM

End:

Type: Enrollment (SPOA is notified)

Duration Hours:

Duration Minutes:

Disengagement Reason:

Disengagement Reason (Other):

Engagement With: Client

Engagement With (Other):

Notes:

## **Housing Engagement**

## **Emergency Contacts**

## **Living Location**

## **Diagnosis**

## **Lethality Assessment**

## **Hospital / ER**

## **Legal**

## **Memos**



# SPOA Referral

Ditch, Andrew

## Primary Referral Information

### *Red Flags*

Red Flag Score: 0

### *Critical Markers*

Time in SPOA: 0 Days

Instances of Homelessness within the last year: 0

Current Housing Situation: Homeless - shelter / emergency housing

Lethality Risks within the last year: 0

Current Employment Situation: Unknown

Arrests within the last year: 0

Current Legal Situation: Unknown

Incarcerations within the last year: 0

Referred for:

ER Visits within the last year: 0

Axis I Diagnosis: Unknown

Hospitalizations within the last year: 0

Psychiatric ER Visits within the last year: 0

Psychiatric Hospitalizations within the last year: 0

Requests: Care Coordination;Housing

## Potential Risk to Self and/or Others

### Assigned Care Organization:

Care Phase: Rejected

### Currently Assigned To:

No Care Coordinator is currently assigned to this referral

Team:

Care Level:

### Requests

Care Level: Care Management

Care Level Status: General

### Assigned Housing Organization:

Housing Phase: Disengagement

### Currently Assigned To:

No Housing Coordinator is currently assigned to this referral

Team:

Housing Type:

Housing Subtype:

### Requests

Housing Type:	Emergency
Housing Subtype:	Emergency

## Referrer

Referred On Behalf of Person:

Referred On Behalf of Org:

Heigl , Deborah

Phone: (716) 898-5649

Email: dheigl@ecmc.edu

Agency / Organization:

Title: Case Manager

## Vital Demographics

Ditch, Andrew

Date of birth: 06/06/1885

Gender: Male

SSN: 062-76-4297

## Contact Information

Ditch, Andrew

Home Phone: (716) 525-7538

Cell phone:

email:

## Race / Primary Language

Ethnicity:

Primary Language: English

English Proficiency:

## Marital Status / Children

Relationship Status:

Child Custody Status:

## Current Linkages

Current Care Provider (CPP): Other

CPP Contact:

CRT Team:

Other Resources/Contact: APS Michele 858.6042 Ms. Rine persons centered services 368.2567 who is attempting to obtain opwdd services

Is client currently served with AOT Court Order? false

## Insurance

Date: 3/1/2019 -

Insurance Type: Medicaid

Provider:  
Policy Number:  
Group Number:  
Medicaid CIN: BK72018a  
Medicare Number:

## Capabilities

Title	Original Status	Current Status
Manage personal grooming	Unknown	
Manage personal hygiene	Unknown	
Manage personal laundry	Unknown	
Budget Money	Unknown	
Respond appropriately to emergency situations e.g. Fire	Unknown	
Respond appropriately to emergency situations e.g. First Aid	Unknown	
Comply with medication regimen	Unknown	
Use public transportation and other community resources	Unknown	
Plans menus	Unknown	
Grocery shops	Unknown	
Prepares meals	Unknown	
Ability to independently take medication as prescribed	Unknown	

## SPOA Notes

6/12/2019 1:30 PM

Private to SPOA:

*Andrew Dearing*

DSS reached out requesting referral be given a second look. Recommend new referral to help locate confirmation of SMI

3/1/2019 1:44 PM

Private to SPOA:

*Lisa McNeil*

Deb,

Hi. I'm reviewing the SPOA referral you made for A. Ditch. Based on what I can see he is HH enrolled:

Health Home (Enrolled) - Status : Active, HEALTH HOME PARTNERS OF WNY LLC (Begin Date: 01-OCT-15), Main Contact: Member Referral Number: 800-466-2040; Kevin Beckman, 716-539-5408, beckmanku@shswny.org; Jesse Roberts, 716-566-4100, robertsj@shswny.org

Care Management (Enrolled) : SISTERS OF CHARITY HOSPITAL

You can contact HHP or Sisters directly to determine who his case is assigned to. Based on this information, I'm going to decline the referral.

Thanks.

--  
Lisa McNeil | Coordinator, Adult Single Point of Access and Accountability

3/1/2019 12:34 PM

Private to SPOA:   
Jessica Micha  
referral moved to Emergency HOusing

## Attachments

Created Date: 3/1/2019 11:46 AM

Name: ad assessment.pdf

Created Date: 3/1/2019 11:46 AM

Name: General Consent Form.pdf

Refused to Sign AOT Consent?:

## Client History Records

## Care Assignment

## Housing Assignment

Activé?

Start: 3/4/2019

End: 4/2/2019

Type: Emergency - Emergency Housing Services (EHS)

Organization: Transitional Services, Inc. (TSI)

Coordinator: Lana Tibbetts

## Care Engagement

## Housing Engagement

Start: 4/2/2019 2:02 PM

End: 4/2/2019 2:02 PM

Type: Request to dis-engage (SPOA is notified)

Duration Hours: 0

Duration Minutes: 0

Disengagement Reason: Referrer withdrew

Disengagement Reason (Other):

Engagement With:

Engagement With (Other):

Notes:

Start: 4/2/2019 11:13 AM

End: 4/2/2019 11:13 AM

Type: Agency Request Disengagement from SPOA

Duration Hours: 0

Duration Minutes: 0

Disengagement Reason:

Disengagement Reason (Other):

Engagement With:

Engagement With (Other):

Notes:

Referral source request. Other housing options will be pursued.

Start: 4/2/2019 12:00 AM

End: 4/2/2019 12:00 AM

Type: Telephone conversation with

Duration Hours: 0

Duration Minutes: 0

Disengagement Reason:

Disengagement Reason (Other):

Engagement With:

Engagement With (Other):

Notes:

Spoke with Alex Enser at ECHC. The psychiatrists at ECHC do not feel Mr. Ditch has an SPMI, and will not sign off on stability statement. ECHC will pursue other housing options for Mr. Ditch. Withdraw referral.

Start: 3/27/2019 12:00 AM

End: 3/27/2019 12:00 AM

Type: Telephone conversation with

Duration Hours: 0

Duration Minutes: 0

Disengagement Reason:

Disengagement Reason (Other):

Engagement With:

Engagement With (Other):

Notes:

Spoke with Cheney at ECHC. No behavioral concerns noted. Client on waiting list, require stability statement prior to placement.

Start: 3/21/2019 12:00 AM

End: 3/21/2019 12:00 AM

Type: Sent letter to

Duration Hours: 0

Duration Minutes: 0

Disengagement Reason:

Disengagement Reason (Other):

Engagement With:

Engagement With (Other):

Notes:

Emailed ECHC regarding concerns which had caused Mr. Ditch to be rejected by TSI licensed housing in the past.

Start: 3/19/2019 12:00 AM

End: 3/19/2019 12:00 AM

Type: Sent letter to

Duration Hours: 0

Duration Minutes: 0

Disengagement Reason:

Disengagement Reason (Other):

Engagement With:  
Engagement With (Other):  
Notes:  
emailed ECHC follow up questions based on history received from CFS.

Start: 3/8/2019 11:06 AM  
End: 3/8/2019 11:06 AM  
Type: Telephone conversation with  
Duration Hours: 0  
Duration Minutes: 0  
Disengagement Reason:  
Disengagement Reason (Other):  
Engagement With:  
Engagement With (Other):  
Notes:  
Spoke with Kevin Beckman. He no longer works in Health HOMes.

Start: 3/7/2019 11:04 AM  
End: 3/7/2019 11:04 AM  
Type: Telephone conversation with  
Duration Hours: 0  
Duration Minutes: 0  
Disengagement Reason:  
Disengagement Reason (Other):  
Engagement With:  
Engagement With (Other):  
Notes:  
Spoke with Cheney at Erie County Holding Center. Explained that diagnoses submitted are contradictory, and need to clarify what Mr. Ditch's diagnosis is. Currently incarcerated for coercion, 2nd degree.

Start: 3/7/2019 11:02 AM  
End: 3/7/2019 11:02 AM  
Type: Telephone conversation with  
Duration Hours: 0  
Duration Minutes: 0  
Disengagement Reason:  
Disengagement Reason (Other):  
Engagement With:  
Engagement With (Other):  
Notes:  
Spoke with referral source. Client currently incarcerated.

Start: 3/7/2019 12:00 AM  
End: 3/7/2019 12:00 AM  
Type: Sent letter to  
Duration Hours: 0  
Duration Minutes: 0  
Disengagement Reason:  
Disengagement Reason (Other):

Engagement With:

Engagement With (Other):

Notes:

Faxed Child and Family Services a request for psychiatric history. CFS reported to be Mr. Ditch's most recent outpatient provider.

## Emergency Contacts

### Living Location

Dates Lived at locations: 3/1/2019 -

Living Situation: Homeless - shelter / emergency housing

Address: 100 east Tupper

Buffalo, NY

Is Primary:

Notes:

Patient has been residing with his family who has refused to allow him to return

## Diagnosis

Date: 3/1/2019 -

Axis:

Diagnosis:

Notes:

Schizoaffective /depression /ASD ?

## Lethality Assessment

### Hospital / ER

Date: 5/20/1999 -5/20/1999

Type: Psychiatric E.R.

Facility: ecmc

Reason:

Notes:

Date: 6/29/1999 -7/2/1999

Type: Psychiatric Hospitalization

Facility: ecmc

Reason:

Notes:

Date: 7/23/1999 -7/23/1999

Type: Psychiatric Hospitalization

Facility: ecmc

Reason:

Notes:

Date: 7/31/1999 -8/4/1999

Type: Psychiatric Hospitalization

Facility: ecmc

Reason:

Notes:

Date: 11/5/1999 -11/5/1999

Type: Psychiatric E.R.

Facility: ecmc

Reason:

Notes:

Date: 11/12/1999 -11/12/1999

Type: Psychiatric E.R.

Facility: ecmc

Reason:

Notes:

Date: 8/27/2001 -8/28/2001

Type: Psychiatric Hospitalization

Facility: ecmc

Reason:

Notes:

Date: 3/25/2002 -3/25/2002

Type: Psychiatric E.R.

Facility: ecmc

Reason:

Notes:

Date: 11/10/2002 -11/10/2002

Type: Psychiatric E.R.

Facility: ecmc

Reason:

Notes:

Date: 12/20/2005 -12/20/2005

Type: Psychiatric E.R.

Facility: ecmc

Reason:

Notes:

Date: 11/1/2009 -11/1/2009

Type: Psychiatric E.R.

Facility: ecmc

Reason:

Notes:

Date: 2/16/2010 -2/16/2010

Type: Psychiatric E.R.

Facility: ecmc

Reason:

Notes:

Date: 4/10/2010 -4/10/2010

Type: Psychiatric E.R.

Facility: ecmc

Reason:

Notes:

Date: 7/20/2010 -7/20/2010

Type: Psychiatric E.R.

Facility: ecmc

Reason:

Notes:

Date: 12/7/2011 -12/7/2010

Type: Psychiatric E.R.

Facility: ecmc

Reason:

Notes:

Date: 10/15/2018 -10/15/2018

Type: Psychiatric E.R.

Facility: ecmc

Reason:

Notes:

Date: 11/23/2018 -11/23/2018

Type: Psychiatric E.R.

Facility: ecmc

Reason:

Notes:

Date: 2/28/2018 -2/28/2018

Type: Psychiatric E.R.

Facility: ecmc

Reason:

Notes:

## Legal

Date: 11/1/2018-

Legal Episode Type: Incarceration

Criminal Procedure Law (CPL) Status:

Notes:

Patient was jailed for 3 months in jail for criminal mischief altercations with family other details are unknown.

APS Michele may have further details 858.6042

Patient has a attorney Bill Heights 852.2032

## Memos

# SPOA Referral

Ditch, Andrew

## Primary Referral Information

### ***Red Flags***

**Red Flag Score:** 0

Instances of Homelessness within the last year: 0  
Lethality Risks within the last year: 0  
Arrests within the last year: 0  
Incarcerations within the last year: 0  
ER Visits within the last year: 0  
Hospitalizations within the last year: 0  
Psychiatric ER Visits within the last year: 0  
Psychiatric Hospitalizations within the last year: 0

### ***Critical Markers***

**Time in SPOA:** Not Yet Assigned

Current Housing Situation: Homeless - shelter / emergency housing  
Current Employment Situation: Unknown  
Current Legal Situation: Unknown  
Referred for:  
Axis I Diagnosis: Unknown

### **Requests: Housing**

### **Potential Risk to Self and/or Others**

### **Assigned Housing Organization:**

**Housing Phase:** Disengagement

### **Currently Assigned To:**

No Housing Coordinator is currently assigned to this referral

Team:

Housing Type:

Housing Subtype:

### **Requests**

Housing Type: Licensed

Housing Subtype: Licensed

### **Referrer**

Referred On Behalf of Person:

Referred On Behalf of Org:

Parker , Marek

Phone: (716) 818-7230

Email: mparker@lake-shore.org

Agency / Organization: Lake-Shore

Title: Homeless Outreach Specialist

### **Vital Demographics**

Ditch, Andrew  
Date of birth: 06/07/1985  
Gender: Male  
SSN: 062-76-4297

## Contact Information

Ditch, Andrew

Home Phone: (716) 416-8920  
Cell phone:  
email:

## Race / Primary Language

Ethnicity:  
Primary Language: English  
English Proficiency:

## Marital Status / Children

Relationship Status:  
Child Custody Status:

## Current Linkages

## Insurance

Date: 6/14/2019 -  
Insurance Type: Medicaid  
Provider:  
Policy Number:  
Group Number:  
Medicaid CIN: BK72018A  
Medicare Number:

## Capabilities

Title	Original Status	Current Status
Manage personal grooming	Needs Help	
Manage personal hygiene	Needs Help	
Manage personal laundry	Needs Help	
Budget Money	Unable	
Respond appropriately to emergency situations e.g. Fire	Needs Help	
Respond appropriately to emergency situations e.g. First Aid	Needs Help	
Comply with medication regimen	Needs Help	
Use public transportation and other community resources	Unable	
Plans menus	Unable	
Grocery shops	Unable	

Prepares meals	Unable
Ability to independently take medication as prescribed	Unable

## SPOA Notes

8/5/2019 2:23 PM

Private to SPOA:

*Andrew Dearing*

housing referral moved to tsi coc1

## Attachments

Created Date: 8/5/2019 2:22 PM

Name: Diagnosis.pdf

Created Date: 8/5/2019 2:22 PM

Name: General Consent Form.PDF

Refused to Sign AOT Consent?:

## Client History Records

## Care Assignment

## Housing Assignment

Active?

Start: 8/6/2019

End: 8/14/2019

Type: Unlicensed - HUD COC 1

Organization: Transitional Services, Inc. (TSI)

Coordinator: Cara Butcher

## Care Engagement

## Housing Engagement

Start: 8/14/2019 12:02 PM

End: 8/14/2019 12:02 PM

Type: Request to dis-engage (SPOA is notified)

Duration Hours: 0

Duration Minutes: 0

Disengagement Reason: Client Refused

Disengagement Reason (Other):

Engagement With:

Engagement With (Other):

Notes:

client refused , via note:

On this date, this writer contacted Andrew in an effort to schedule an intake appointment. Writer introduced self and explained that this was a call from the TSI Supported Housing Program. Andrew stated he did not understand. Writer assured him it was okay to not understand, and explained the program at length. Andrew again stated "me no understand. Group home?" Andrew used verbiage such as "me" rather than "I" throughout the entire conversation. Andrew stated that "me not qualified because me OPWDD". Andrew further stated that he could not work

independently in an apartment because "me not able to cook" and "me need help meds". This writer verbalized understanding. Andrew asked again if this agency had group homes. This writer stated that while TSI does have group homes, this writer was calling from an un-licensed program, that has no connection to the main program (licensed housing). Andrew stated "maybe future, me have apartment when me learn skills". Andrew got progressively loud on the phone, speaking over writer when asked what diagnosis this writer was referencing. This writer stated that the paperwork provided with his SPOA stated Schizophrenia at this time. Andrew stated "me not have schizophrenia. Me not on meds for that!" Andrew further stated he is most likely autistic, hence him working to link with OPWDD and needs help with hygiene.

However, it should be noted that there was no evidence found as per Andrew Enser of autism at the time of his screening and assessment with the client.

Regardless, this writer again asked Andrew to listen to what the program had to offer one more time, before declining it, offering it as a great opportunity. Andrew said no again at this time.

Therefore, agency requests to disengage

Cara Butcher, BSW CASAC

TSI SHP

Start: 8/12/2019 1:17 PM

End: 8/12/2019 1:17 PM

Type: Had enrollment discussion over the phone with

Duration Hours: 0

Duration Minutes: 0

Disengagement Reason:

Disengagement Reason (Other):

Engagement With:

Engagement With (Other):

Notes:

Writer contacted client in an effort to schedule an intake appointment.

Writer explained program over the phone at clients request.

Client denied housing at this time, requesting a group home.

Cara Butcher

TSI SHP

Start: 8/12/2019 1:17 PM

End: 8/12/2019 1:17 PM

Type: Had enrollment discussion over the phone with

Duration Hours: 0

Duration Minutes: 0

Disengagement Reason:

Disengagement Reason (Other):

Engagement With:

Engagement With (Other):

Notes:

Writer contacted client in an effort to schedule an intake appointment.

Writer explained program over the phone at clients request.

Client denied housing at this time, requesting a group home.

Cara Butcher

TSI SHP

Start: 8/12/2019 1:04 PM

End: 8/12/2019 1:04 PM

Type: Agency Request Disengagement from SPOA

Duration Hours: 0

Duration Minutes: 0

Disengagement Reason:

Disengagement Reason (Other):

Engagement With:

Engagement With (Other):

Notes:

On this date, this writer contacted Andrew in an effort to schedule an intake appointment. Writer introduced self and explained that this was a call from the TSI Supported Housing Program. Andrew stated he did not understand. Writer assured him it was okay to not understand, and explained the program at length. Andrew again stated "me no understand. Group home?" Andrew used verbiage such as "me" rather than "I" throughout the entire conversation. Andrew stated that "me not qualified because me OPWDD". Andrew further stated that he could not work independently in an apartment because "me not able to cook" and "me need help meds". This writer verbalized understanding. Andrew asked again if this agency had group homes. This writer stated that while TSI does have group homes, this writer was calling from an un-licensed program, that has no connection to the main program (licensed housing). Andrew stated "maybe future, me have apartment when me learn skills". Andrew got progressively loud on the phone, speaking over writer when asked what diagnosis this writer was referencing. This writer stated that the paperwork provided with his SPOA stated Schizophrenia at this time. Andrew stated "me not have schizophrenia. Me not on meds for that!" Andrew further stated he is most likely autistic, hence him working to link with OPWDD and needs help with hygiene.

However, it should be noted that there was no evidence found as per Andrew Enser of autism at the time of his screening and assessment with the client.

Regardless, this writer again asked Andrew to listen to what the program had to offer one more time, before declining it, offering it as a great opportunity. Andrew said no again at this time.

Therefore, agency requests to disengage

Cara Butcher, BSW CASAC

TSI SHP

Start: 8/12/2019 1:04 PM

End: 8/12/2019 1:04 PM

Type: Agency Request Disengagement from SPOA

Duration Hours: 0

Duration Minutes: 0

Disengagement Reason:

Disengagement Reason (Other):

Engagement With:

Engagement With (Other):

Notes:

On this date, this writer contacted Andrew in an effort to schedule an intake appointment. Writer introduced self and explained that this was a call from the TSI Supported Housing Program. Andrew stated he did not understand. Writer assured him it was okay to not understand, and explained the program at length. Andrew again stated "me no understand. Group home?" Andrew used verbiage such as "me" rather than "I" throughout the entire conversation. Andrew stated that "me not qualified because me OPWDD". Andrew further stated that he could not work independently in an apartment because "me not able to cook" and "me need help meds". This writer verbalized understanding. Andrew asked again if this agency had group homes. This writer stated that while TSI does have group homes, this writer was calling from an un-licensed program, that has no connection to the main program (licensed housing). Andrew stated "maybe future, me have apartment when me learn skills". Andrew got progressively loud on the phone, speaking over writer when asked what

diagnosis this writer was referencing. This writer stated that the paperwork provided with his SPOA stated Schizophrenia at this time. Andrew stated "me not have schizophrenia. Me not on meds for that!" Andrew further stated he is most likely autistic, hence him working to link with OPWDD and needs help with hygiene.

However, it should be noted that there was no evidence found as per Andrew Enser of autism at the time of his screening and assessment with the client.

Regardless, this writer again asked Andrew to listen to what the program had to offer one more time, before declining it, offering it as a great opportunity. Andrew said no again at this time.

Therefore, agency requests to disengage

Cara Butcher, BSW CASAC  
TSI SHP

Start: 8/7/2019 12:25 PM

End: 8/7/2019 12:25 PM

Type: Collateral contact with

Duration Hours: 0

Duration Minutes: 0

Disengagement Reason:

Disengagement Reason (Other):

Engagement With:

Engagement With (Other):

Notes:

Pending Licensed Program screening as per Outreach Meeting today.

Cara Butcher  
TSI SHP

Start: 8/6/2019 10:25 AM

End: 8/6/2019 10:25 AM

Type: Collateral contact with

Duration Hours: 0

Duration Minutes: 0

Disengagement Reason:

Disengagement Reason (Other):

Engagement With:

Engagement With (Other):

Notes:

Email sent to Andrew Dearing at Erie County with concerns of diagnosis.

Cara Butcher  
TSI SHP

Start: 7/17/2019 2:49 PM

End: 7/17/2019 2:49 PM

Type: Request to dis-engage (SPOA is notified)

Duration Hours: 0

Duration Minutes: 0

Disengagement Reason: Client not interested

Disengagement Reason (Other):

Engagement With:

Engagement With (Other):

Notes:

Client reached out and was again reinforced by Marek that the client is not interested in services through STEL, mainly due to location. Writer will referrer.

Start: 7/2/2019 3:32 PM

End: 7/2/2019 3:32 PM

Type: Telephone conversation with

Duration Hours: 0

Duration Minutes: 0

Disengagement Reason:

Disengagement Reason (Other):

Engagement With:

Engagement With (Other):

Notes:

Writer returned Marek Parker's (Best Self) phone call from 7/1/19. Marek informed writer that he is still linked with Andrew. Writer informed Marek that a woman called our agency reporting that she was an advocate to which he stated that Andrew will identify individuals as his advocate however, they are often not affiliated with a professional agency. Marek reports that it has been difficult to determine Andrew's needs and diagnosis. Andrew seems to be sabotaging efforts to find him housing. Marek states that Andrew wants to be taken care of. Andrew is incontinent and will often not manage on his own and wants to rely on others for assistance. Marek will talk with Andrew to see if he is willing to meet with writer for a housing screening. Marek will call writer back in the near future.

Start: 7/2/2019 3:00 PM

End: 7/2/2019 3:00 PM

Type: Telephone conversation with

Duration Hours: 0

Duration Minutes: 0

Disengagement Reason:

Disengagement Reason (Other):

Engagement With:

Engagement With (Other):

Notes:

Writer returned phone call from 7/1/19 from Erica Rodman who identified herself as an advocate for Andrew. Erica reports that Andrew is presently with Sister Hospital inpatient. Erica reported that Andrew is no longer linked with Marek Parker from Best Self. Writer explained STEL, Inc. services to Erica and informed her that there is a wait list for services. She states that won't help Andrew's acute needs. She also reports that Andrew is incontinent and requires physical assistance with managing. Writer explained that an individual must be able to manage incontinence issues independently.

Start: 7/1/2019 2:53 PM

End: 7/1/2019 2:53 PM

Type: Left telephone message with

Duration Hours: 0

Duration Minutes: 0

Disengagement Reason:

Disengagement Reason (Other):

Engagement With:

Engagement With (Other):

Notes:

Writer attempted to contact Andrew Ditch regarding his housing referral at the number listed on the referral form. Writer left a voicemail for Andrew on his phone this date.

Start: 7/1/2019 2:40 PM

End: 7/1/2019 2:40 PM

Type: Left telephone message with

Duration Hours: 0

Duration Minutes: 0

Disengagement Reason:

Disengagement Reason (Other):

Engagement With:

Engagement With (Other):

Notes:

Writer attempted to contact referral source, Marek Parker from Best Self regarding Andrew Ditch and his Erie County SPOA housing referral. Writer left a voicemail with contact information.

Start: 6/25/2019 4:06 PM

End: 6/25/2019 4:06 PM

Type: Sent letter to

Duration Hours: 0

Duration Minutes: 0

Disengagement Reason:

Disengagement Reason (Other):

Engagement With:

Engagement With (Other):

Notes:

Writer sent an email to referral source, Marek Parker from Best Self regarding Andrew's housing referral. Requested Marek to contact writer to schedule an intake meeting with Andrew for STEL.

Start: 6/25/2019 3:30 PM

End: 6/25/2019 3:30 PM

Type: Attempted to contact by phone

Duration Hours: 0

Duration Minutes: 0

Disengagement Reason:

Disengagement Reason (Other):

Engagement With:

Engagement With (Other):

Notes:

Writer attempted to contact referral source, Marek Parker from Best Self - Homeless Outreach however, the voicemail box was indicated full.

## Emergency Contacts

### Living Location

Dates Lived at locations: 6/14/2019 -

Living Situation: Homeless - shelter / emergency housing

Address:

NY

Is Primary:

Notes:

Client is currently in a DSS hotel

## Diagnosis

Date: 6/14/2019 -

Axis:

Diagnosis:

Notes:

bipolar

## Lethality Assessment

## Hospital / ER

Date: 4/26/2019 -

Type: Medical Hospitalization

Facility: ECMC

Reason:

Notes:

## Legal

Date: 4/26/2019-

Legal Episode Type: Incarceration

Criminal Procedure Law (CPL) Status:

Notes:

Client was incarcerated for Social incarceration, after an initial arrest for destruction of his parents property

## Memos



# SPOA Referral

Ditch, Andrew

## Primary Referral Information

### *Red Flags*

Red Flag Score: 0

Instances of Homelessness within the last year: 0  
Lethality Risks within the last year: 0  
Arrests within the last year: 0  
Incarcerations within the last year: 0  
ER Visits within the last year: 0  
Hospitalizations within the last year: 0  
Psychiatric ER Visits within the last year: 0  
Psychiatric Hospitalizations within the last year: 0

### *Critical Markers*

Time in SPOA: Not Yet Assigned

Current Housing Situation: Homeless - shelter / emergency housing  
Current Employment Situation: Unknown  
Current Legal Situation: Unknown  
Referred for:  
Axis I Diagnosis: Unknown

Requests: Housing

## Potential Risk to Self and/or Others

### Assigned Housing Organization:

Housing Phase: Disengagement

### Currently Assigned To:

No Housing Coordinator is currently assigned to this referral

Team:

Housing Type:

Housing Subtype:

### Requests

Housing Type: Licensed

Housing Subtype: Licensed

## Referrer

Referred On Behalf of Person:

Referred On Behalf of Org:

Parker , Marek

Phone: (716) 818-7230

Email: mparker@lake-shore.org

Agency / Organization: Lake-Shore

Title: Homeless Outreach Specialist

## Vital Demographics

Ditch, Andrew  
Date of birth: 06/07/1985  
Gender: Male  
SSN: 062-76-4297

## Contact Information

Ditch, Andrew

Home Phone: (716) 416-8920  
Cell phone:  
email:

## Race / Primary Language

Ethnicity:  
Primary Language: English  
English Proficiency:

## Marital Status / Children

Relationship Status:  
Child Custody Status:

## Current Linkages

Current Care Provider (CPP): Other  
CPP Contact:  
CRT Team:  
Other Resources/Contact:  
Is client currently served with AOT Court Order? false

## Insurance

Date: 6/14/2019 -  
Insurance Type: Medicaid  
Provider:  
Policy Number:  
Group Number:  
Medicaid CIN: BK72018A  
Medicare Number:

## Capabilities

Title	Original Status	Current Status
Manage personal grooming	Needs Help	
Manage personal hygiene	Needs Help	
Manage personal laundry	Needs Help	
Budget Money	Unable	
Respond appropriately to emergency situations e.g. Fire	Needs Help	
Respond appropriately to emergency situations e.g. First Aid	Needs Help	

Comply with medication regimen	Needs Help
Use public transportation and other community resources	Unable
Plans menus	Unable
Grocery shops	Unable
Prepares meals	Unable
Ability to independently take medication as prescribed	Unable

## SPOA Notes

7/17/2019 2:51 PM

Private to SPOA:

*Andrew Dearing*

Housing referral moved to tsi SCR

7/3/2019 3:22 PM

Private to SPOA:

*Andrew Dearing*

referrer notified of needed smi documentation.

anticipated disengagement from STEL

6/21/2019 3:20 PM

Private to SPOA:

*Andrew Dearing*

housing referral moved to STEL SCR.

Confirming diagnosis is with Child and family services

## Attachments

Created Date: 7/15/2019 4:27 PM

Name: 5. Records.Ditch.ECHC.Diagnosis.pdf

Created Date: 6/21/2019 11:31 AM

Name: AD\_General Consent Form (1).PDF

Created Date: 6/14/2019 3:22 PM

Name: Homeless Verification.pdf

Created Date: 6/14/2019 3:20 PM

Name: General Consent Form.docx

Refused to Sign AOT Consent?:

## Client History Records

### Care Assignment

### Housing Assignment

Active?

Start: 7/17/2019

End: 9/9/2019

Type: Licensed - Supervised Community Residence (SCR)

Organization: Transitional Services, Inc. (TSI)

Coordinator: Carrie Baer-McBride

Active?

Start: 6/21/2019

End: 7/17/2019

Type: Licensed - Supervised Community Residence (SCR)

Organization: Southern Tier Environments for Living (STEL)

Coordinator:

## Care Engagement

## Housing Engagement

Start: 9/9/2019 11:23 AM

End: 9/9/2019 11:23 AM

Type: Request to dis-engage (SPOA is notified)

Duration Hours: 0

Duration Minutes: 0

Disengagement Reason: Other

Disengagement Reason (Other): no smi

Engagement With:

Engagement With (Other):

Notes:

No followup from providers regarding required diagnosis information and required physicians authorization.

Client also insists on receiving services through OPWDD with additional requested assistance with incontinence.

Via note:

*To date, referral has been held without supporting documentation of a SMI diagnosis and follow up from treatment providers. Another message left last week for APIC worker. Additionally, client relays wanting services through OPWDD due to Autism and requests assistance not limited to but including hands on care for incontinence.*

Start: 9/9/2019 11:00 AM

End: 9/9/2019 11:00 AM

Type: Agency Request Disengagement from SPOA

Duration Hours: 0

Duration Minutes: 0

Disengagement Reason:

Disengagement Reason (Other):

Engagement With:

Engagement With (Other):

Notes:

To date, referral has been held without supporting documentation of a SMI diagnosis and follow up from treatment providers.

Another message left last week for APIC worker. Additionally, client relays wanting services through OPWDD due to Autism and requests assistance not limited to but including hands on care for incontinence.

Start: 8/9/2019 9:15 AM

End: 8/9/2019 9:15 AM

Type: Telephone conversation with

Duration Hours: 0

Duration Minutes: 0

Disengagement Reason:

Disengagement Reason (Other):

Engagement With:

Engagement With (Other):

Notes:

Spoke with referrer Marek Parker and APIC worker about conflicting diagnostic information and client's reported needs after receiving several records and having conversations with client. Also, discussed former referral and recommendation for denial. Client's diagnosis and incontinence issues will be explored per Allison who will contact this writer about a decision of how to move forward.

Start: 7/17/2019 2:49 PM

End: 7/17/2019 2:49 PM

Type: Request to dis-engage (SPOA is notified)

Duration Hours: 0

Duration Minutes: 0

Disengagement Reason: Client not interested

Disengagement Reason (Other):

Engagement With:

Engagement With (Other):

Notes:

Client reached out and was again reinforced by Marek that the client is not interested in services through STEL, mainly due to location. Writer will referer.

Start: 7/2/2019 3:32 PM

End: 7/2/2019 3:32 PM

Type: Telephone conversation with

Duration Hours: 0

Duration Minutes: 0

Disengagement Reason:

Disengagement Reason (Other):

Engagement With:

Engagement With (Other):

Notes:

Writer returned Marek Parker's (Best Self) phone call from 7/1/19. Marek informed writer that he is still linked with Andrew. Writer informed Marek that a woman called our agency reporting that she was an advocate to which he stated that Andrew will identify individuals as his advocate however, they are often not affiliated with a professional agency. Marek reports that it has been difficult to determine Andrew's needs and diagnosis. Andrew seems to be sabotaging efforts to find him housing. Marek states that Andrew wants to be taken care of. Andrew is incontinent and will often not manage on his own and wants to rely on others for assistance. Marek will talk with Andrew to see if he is willing to meet with writer for a housing screening. Marek will call writer back in the near future.

Start: 7/2/2019 3:00 PM

End: 7/2/2019 3:00 PM

Type: Telephone conversation with

Duration Hours: 0

Duration Minutes: 0

Disengagement Reason:

Disengagement Reason (Other):

Engagement With:

Engagement With (Other):

Notes:

Writer returned phone call from 7/1/19 from Erica Rodman who identified herself as an advocate for Andrew. Erica reports that Andrew is presently with Sister Hospital inpatient. Erica reported that Andrew is no longer linked with Marek Parker from

Best Self. Writer explained STEL, Inc. services to Erica and informed her that there is a wait list for services. She states that won't help Andrew's acute needs. She also reports that Andrew is incontinent and requires physical assistance with managing. Writer explained that an individual must be able to manage incontinence issues independently.

Start: 7/1/2019 2:53 PM

End: 7/1/2019 2:53 PM

Type: Left telephone message with

Duration Hours: 0

Duration Minutes: 0

Disengagement Reason:

Disengagement Reason (Other):

Engagement With:

Engagement With (Other):

Notes:

Writer attempted to contact Andrew Ditch regrading his housing referral at the number listed on the referral form. Writer left a voicemail for Andrew on his phone this date.

Start: 7/1/2019 2:40 PM

End: 7/1/2019 2:40 PM

Type: Left telephone message with

Duration Hours: 0

Duration Minutes: 0

Disengagement Reason:

Disengagement Reason (Other):

Engagement With:

Engagement With (Other):

Notes:

Writer attempted to contact referral source, Marek Parker from Best Self regarding Andrew Ditch and his Erie County SPOA housing referral. Writer left a voicemail with contact information.

Start: 6/25/2019 4:06 PM

End: 6/25/2019 4:06 PM

Type: Sent letter to

Duration Hours: 0

Duration Minutes: 0

Disengagement Reason:

Disengagement Reason (Other):

Engagement With:

Engagement With (Other):

Notes:

Writer sent an email to referral source, Marek Parker from Best Self regarding Andrew's housing referral. Requested Marek to contact writer to schedule an intake meeting with Andrew for STEL.

Start: 6/25/2019 3:30 PM

End: 6/25/2019 3:30 PM

Type: Attempted to contact by phone

Duration Hours: 0

Duration Minutes: 0

Disengagement Reason:

Disengagement Reason (Other):  
Engagement With:  
Engagement With (Other):  
Notes:  
Writer attempted to contact referral source, Marek Parker from Best Self - Homeless Outreach however, the voicemail box was indicated full.

## Emergency Contacts

### Living Location

Dates Lived at locations: 6/14/2019 -  
Living Situation: Homeless - shelter / emergency housing  
Address:  
NY  
Is Primary:   
Notes:  
Client is currently in a DSS hotel

### Diagnosis

Date: 6/14/2019 -  
Axis:  
Diagnosis:  
Notes:  
bipolar

### Lethality Assessment

### Hospital / ER

Date: 4/26/2019 -  
Type: Medical Hospitalization  
Facility: ECMC  
Reason:  
  
Notes:

### Legal

Date: 4/26/2019-  
Legal Episode Type: Incarceration  
Criminal Procedure Law (CPL) Status:   
Notes:

Client was incarcerated for Social incarceration, after an initial arrest for destruction of his parents property

## Memos

# SPOA Referral

Ditch, Andrew J

## Primary Referral Information

### *Red Flags*

Red Flag Score: 1

Instances of Homelessness within the last year: 1  
Lethality Risks within the last year: 0  
Arrests within the last year: 0  
Incarcerations within the last year: 0  
ER Visits within the last year: 0  
Hospitalizations within the last year: 0  
Psychiatric ER Visits within the last year: 0  
Psychiatric Hospitalizations within the last year: 0

### *Critical Markers*

Time in SPOA: Not Yet Assigned

Current Housing Situation: Homeless - shelter / emergency housing  
Current Employment Situation: Unknown  
Current Legal Situation: Unknown  
Referred for:  
Axis I Diagnosis: Unknown

### Requests: Housing

## Potential Risk to Self and/or Others

Title: A History of Repeated Episodes of Self-Harm Requiring Medical Attention

Type: Incident

Date: 3/22/2020 -

Notes:

Unintentional I beg you for your help in this as scary it is for me. Communication and sensory problems and changes can trigger this.KEEP ME Safe I beg you

Title: A History Of Setting Fire

Type: Incident

Date: 3/22/2020 -

Notes:

Cooking I have potential to be good at this like everything. I am smart I deserve help

## Assigned Housing Organization:

Housing Phase: Rejected

### Currently Assigned To:

No Housing Coordinator is currently assigned to this referral

Team:

Housing Type:

Housing Subtype:

### Requests

Housing Type: Licensed  
Housing Subtype: Licensed

## Referrer

Referred On Behalf of Person:

Referred On Behalf of Org:

Ditch , Andrew

Phone: (716) 243-9653

Email: aditch2010@gmail.com

Agency / Organization:

Title:

## Vital Demographics

Ditch, Andrew J

Date of birth: 06/07/1985

Gender: Male

SSN: 062-76-4297

## Contact Information

Ditch, Andrew J

Home Phone: (716) 243-9653

Cell phone:

email:

## Race / Primary Language

Ethnicity:

Primary Language: English

English Proficiency:

## Marital Status / Children

Relationship Status:

Child Custody Status:

## Current Linkages

## Insurance

Date: 3/22/2020 -

Insurance Type:

Provider:

Policy Number:

Group Number:

Medicaid CIN:

Medicare Number:

## Capabilities

Title	Original Status	Current Status
Manage personal grooming	Needs Help	
Manage personal hygiene	Needs Help	
Manage personal laundry	Unable	
Budget Money	Unable	
Respond appropriately to emergency situations e.g. Fire	Unable	
Respond appropriately to emergency situations e.g. First Aid	Unable	
Comply with medication regimen	Unable	
Use public transportation and other community resources	Unable	
Plans menus	Unable	
Grocery shops	Needs Help	
Prepares meals	Needs Help	
Ability to independently take medication as prescribed	Unable	

## SPOA Notes

3/23/2020 11:50 AM

Private to SPOA:

*Cara Butcher*

Referral rejected on this date re: no qualifying SPMI diagnosis.

Diagnosis: Autism  
language disorder  
Anxiety disorder unspecified  
Developmental disability

## Attachments

Created Date: 3/22/2020 8:57 PM

Name: Doc 7.docx

Created Date: 3/22/2020 8:57 PM

Name: Doc 6.docx

Created Date: 3/22/2020 8:56 PM

Name: Things how to help me .docx

Created Date: 3/22/2020 8:56 PM

Name: Doc 5.docx

Created Date: 3/22/2020 8:56 PM

Name: Doc 4.docx

Created Date: 3/22/2020 8:56 PM

Name: Doc 3.docx

Created Date: 3/22/2020 8:55 PM

Name: Doc 2.docx

Created Date: 3/22/2020 8:55 PM

Name: Doc 1.docx

Created Date: 3/22/2020 8:55 PM

Name: My biggest symptoms writing 5 years ago .docx

Created Date: 3/22/2020 8:54 PM

Name: Opwdd records .pdf

Created Date: 3/22/2020 8:51 PM

Name: Diagnosis.pdf  
Created Date: 3/22/2020 8:50 PM  
Name: Diagnosis.pdf  
Created Date: 3/22/2020 8:47 PM  
Name: Diagnosis.pdf  
Created Date: 3/22/2020 8:47 PM  
Name: Diagnosis.pdf  
Created Date: 3/22/2020 8:45 PM  
Name: Diagnosis.pdf  
Refused to Sign AOT Consent?:

## Client History Records

### Care Assignment

### Housing Assignment

### Care Engagement

### Housing Engagement

### Emergency Contacts

### Living Location

Dates Lived at locations: 3/22/2020 -  
Living Situation: Homeless - shelter / emergency housing  
Address:  
NY  
Is Primary:   
Notes:  
My psychiatrist phone call recording  
<https://youtu.be/QNwvTJTong>

what a meltdown is  
<https://youtu.be/T3mndpDDPCo>

what Autism is  
<https://youtu.be/YJRBdMxdqxE>

my life long problems  
<https://youtu.be/h2NZII1Xc04>

all conversations are recorded as I will not be denied services anymore. TSI, STEL, DePaul, BNF all are being requested to release records to me by email aditch2010@gmail.com as I am taking legal action against my providers and spoa for 40 spoa denials when you have someone in need of services that you are denieing help. It is medical misconduct. I understand that my needs will not be met in omh housing as Andrew Dearing has repeatedly said to me, but I have no option for me right now until opwdd services I can be eligible. I begging for help 19 years been promised help. I am in a vulnerable position and I will be representing myself as pro se with prob Bono legal advice by a lawyer.

Medical records are to be email to aditch2010@gmail.com

As my medical professional who has not been able to provide me services I need, I am writing this to notify you that I am suing you for medical misconduct in allowing me to go through what my dad is doing to me. I asked hospitals, my past providers, and now you to help me. I am aloud no food, and supervision in my care. As my care coordinator, I asked for help in getting shelter, food, legal services, a guardian and now it's time I had enough.

As a developmental disabled person, who relays on others, I am aloud to not have supervision for help in food, medications, clean clothes, safety in providing me support in crossing the street, advocating for my medical care with my head injuries and hospital misconduct and I am still waiting for help in food pantries. I walked across the street to sunoco putting myself in danger of street that wasn't busy to have my dad not help me with bread. I am aloud to go through this day in day out. I will not be put in danger because I struggle with crossing the street or not have money for food. I not going to go through this anymore. Police provide my dad amunity and adult protective services and my medical providers allow a vulnerable adult to go through this abuse and neglect. Someone needs to stop this from the next person being abused.

I do ask you in crises to look past my legal claim to help me with emergency placement, guardian, and legal advocate for me as priority. Then any other services that are urgent need to follow.

YouTube channel Andrew Ditch

Thank you,

Andrew Ditch

## Diagnosis

Date: 3/22/2020 -

Axis:

Diagnosis:

Notes:

Autism

language disorder

Anxiety disorder unspecified

Developmental disability

If you cannot help me until opwdd, I will file legal action as I am in unsafe condition on streets.

Requires assistance and privacy room due to sensory problems and hygiene issues. I beg you keep me safe with meltdowns as I am so afraid of pain. It's why I need someone to test my sugar for me too.

Psychiatrist phone call appointment by Counseling Solutions Wny phone call recording please listen. Its on youtube and is on private channel. I also have the kept my anxiety disorder unspecified dx because I am not sure if it was changed or not. Please listen <https://youtu.be/QNwvTJTong>

I am smart. Communication problems in not being understood, expressing myself, or understanding others or things. Sensory problems to light, sound, smells, texture, temperature, pressure, humidity and more. Chages, and I need routine, someone to teach me skills, and supports. Please help me learn so I can sue my providers to prevent this from happening to the next person.

## Lethality Assessment

**Hospital / ER**

**Legal**

**Memos**

# SPOA Referral

Ditch, Andrew

## Primary Referral Information

### *Red Flags*

Red Flag Score: 0

Instances of Homelessness within the last year: 0  
Lethality Risks within the last year: 0  
Arrests within the last year: 0  
Incarcerations within the last year: 0  
ER Visits within the last year: 0  
Hospitalizations within the last year: 0  
Psychiatric ER Visits within the last year: 0  
Psychiatric Hospitalizations within the last year: 0

### *Critical Markers*

Time in SPOA: Not Yet Assigned

Current Housing Situation: Lives with parents  
Current Employment Situation: Unknown  
Current Legal Situation: Unknown  
Referred for:  
Axis I Diagnosis: Unknown

### Requests: Housing

## Potential Risk to Self and/or Others

Title: A History of Repeated Episodes of Self-Harm Requiring Medical Attention

Type: Incident

Date: 2/27/2020 -

Notes:

Title: A History Of Setting Fire

Type: Incident

Date: 2/27/2020 -

Notes:

Cooking

## Assigned Housing Organization:

Housing Phase: Rejected

### Currently Assigned To:

No Housing Coordinator is currently assigned to this referral

Team:

Housing Type:

Housing Subtype:

### Requests

Housing Type:

Licensed

Housing Subtype: Licensed

## Referrer

Referred On Behalf of Person:

Referred On Behalf of Org:

Ditch , Andrew

Phone: (716) 243-9653

Email: aditch2010@gmail.com

Agency / Organization:

Title:

## Vital Demographics

Ditch, Andrew

Date of birth: 06/07/1985

Gender: Male

SSN: 062-76-4297

## Contact Information

Ditch, Andrew

Home Phone: (716) 243-9653

Cell phone:

email:

## Race / Primary Language

Ethnicity:

Primary Language: No Language

English Proficiency:

## Marital Status / Children

Relationship Status:

Child Custody Status:

## Current Linkages

## Insurance

## Capabilities

Title	Original Status	Current Status
Manage personal grooming	Unable	
Manage personal hygiene	Needs Help	
Manage personal laundry	Needs Help	
Budget Money	Unable	
Respond appropriately to emergency situations e.g. Fire	Unable	

Respond appropriately to emergency situations e.g. First Aid	Unable
Comply with medication regimen	Unable
Use public transportation and other community resources	Unable
Plans menus	Unable
Grocery shops	Needs Help
Prepares meals	Needs Help
Ability to independently take medication as prescribed	Unable

## SPOA Notes

3/23/2020 12:06 PM

Private to SPOA:

Cara Butcher

Housing referral rejected on this date due to there being no present qualifying SPMI, as per note:

*Autism and anxiety disorder unspecified, tourette's syndrome, auditory processing disorder, sensory processing disorder, adhd, language disorder, and developmental disability*

## Attachments

Refused to Sign AOT Consent?:

## Client History Records

### Care Assignment

### Housing Assignment

### Care Engagement

### Housing Engagement

### Emergency Contacts

### Living Location

Dates Lived at locations: 2/27/2020 -

Living Situation: Lives with parents

Address: 339 Morgan Street

Tonawanda, NY 14150

Is Primary:

Notes:

## Diagnosis

Date: 2/27/2020 -

Axis:

Diagnosis:

Notes:

I need you not to deny me help. I have Autism and anxiety disorder unspecified, tourette's syndrome, auditory processing disorder, sensory processing disorder, adhd, language disorder, and developmental disability

## **Lethality Assessment**

## **Hospital / ER**

## **Legal**

## **Memos**

# SPOA Referral

Ditch, Andrew

## Primary Referral Information

### ***Red Flags***

Red Flag Score: 0

Instances of Homelessness within the last year: 0  
Lethality Risks within the last year: 0  
Arrests within the last year: 0  
Incarcerations within the last year: 0  
ER Visits within the last year: 0  
Hospitalizations within the last year: 0  
Psychiatric ER Visits within the last year: 0  
Psychiatric Hospitalizations within the last year: 0

### ***Critical Markers***

Time in SPOA: Not Yet Assigned

Current Housing Situation: Lives with parents  
Current Employment Situation: Unknown  
Current Legal Situation: Unknown  
Referred for:  
Axis I Diagnosis: Unknown

### **Requests: Housing**

## Potential Risk to Self and/or Others

Title: A History of Repeated Episodes of Self-Harm Requiring Medical Attention  
Type: Incident  
Date: 2/27/2020 -  
Notes:  
Sib meltdowns from communication problems and sensory problems

Title: A History Of Setting Fire  
Type: Incident  
Date: 2/27/2020 -  
Notes:  
Cooking

## Assigned Housing Organization:

Housing Phase: Rejected

### Curently Assigned To:

No Housing Coordinator is currently assignedto this referral

Team:

Housing Type:

Housing Subtype:

### Requests

Housing Type: Licensed  
Housing Subtype: Licensed

## Referrer

Referred On Behalf of Person:

Referred On Behalf of Org:

Ditch , Andrew

Phone: (716) 243-9653

Email: aditch2010@gmail.com

Agency / Organization:

Title:

## Vital Demographics

Ditch, Andrew

Date of birth: 06/07/1985

Gender: Male

SSN: 062-76-4297

## Contact Information

Ditch, Andrew

Home Phone: (716) 243-9653

Cell phone:

email:

## Race / Primary Language

Ethnicity:

Primary Language: English

English Proficiency:

## Marital Status / Children

Relationship Status:

Child Custody Status:

## Current Linkages

## Insurance

## Capabilities

Title	Original Status	Current Status
Manage personal grooming	Unable	
Manage personal hygiene	Needs Help	
Manage personal laundry	Independently	
Budget Money	Unable	

Respond appropriately to emergency situations e.g. Fire	Unknown
Respond appropriately to emergency situations e.g. First Aid	Unable
Comply with medication regimen	Needs Help
Use public transportation and other community resources	Unable
Plans menus	Unable
Grocery shops	Needs Help
Prepares meals	Needs Help
Ability to independently take medication as prescribed	Unable

## SPOA Notes

3/23/2020 12:02 PM

Private to SPOA:

Cara Butcher

Housing referral rejected on this date re: no qualifying SPMI, as per note:

*Diagnosis: Anxiety disorder unspecified  
 expressive and receptive language disorder mixed  
 Sensory processing disorder  
 auditory processing disorder*

## Attachments

Created Date: 2/27/2020 4:17 PM

Name: Diagnosis.pdf

Created Date: 2/27/2020 4:17 PM

Name: Diagnosis.pdf

Created Date: 2/27/2020 4:16 PM

Name: Diagnosis.pdf

Created Date: 2/27/2020 4:16 PM

Name: Diagnosis.pdf

Created Date: 2/27/2020 4:15 PM

Name: Diagnosis.pdf

Refused to Sign AOT Consent?:

## Client History Records

### Care Assignment

### Housing Assignment

### Care Engagement

### Housing Engagement

### Emergency Contacts

### Living Location

Dates Lived at locations: 2/27/2020 -

Living Situation: Lives with parents

Address: 339 Morgan Street

Tonawanda, NY 14150

Is Primary:

Notes:

I need out as it is abusive

## Diagnosis

Date: 2/27/2020 -

Axis:

Diagnosis:

Notes:

Anxiety disorder unspecified

expressive and receptive language disorder mixed

Sensory processing disorder

auditory processing disorder

## Lethality Assessment

## Hospital / ER

## Legal

## Memos

2/27/2020 4:26 PM: <https://youtu.be/MNpVFT-1Wv8> <https://youtu.be/QX6qhvYpLw0> [https://youtu.be/rqcgSw\\_Wa2o](https://youtu.be/rqcgSw_Wa2o) <https://youtu.be/IEPh7zbPHxg> Crises services <https://youtu.be/BUmQmeDH4oI> You will not use Autism as a diagnosis because of how my family treats me. I will not go to a group home that isn't private and not meet my needs and that need for possible permanent housing. I will not be with people who have schizophrenia. I will not go to a noise group home or with smells. I need a lot of help. I mostly independent with diapers but I consent to no diapers no food no water so I don't pee or poo to make mom and dad happy. I will not go unless I can learn and have routine and structure and visual supports. I understand dr.. Naylor assessment has anxiety disorder unspecified and took off dr. Santa Maria diagnosis of schizoaffective disorder.

# SPOA Referral

Ditch, Andrew

## Primary Referral Information

### *Red Flags*

**Red Flag Score:** 2

Instances of Homelessness within the last year: 1  
Lethality Risks within the last year: 0  
Arrests within the last year: 1  
Incarcerations within the last year: 0  
ER Visits within the last year: 0  
Hospitalizations within the last year: 0  
Psychiatric ER Visits within the last year: 0  
Psychiatric Hospitalizations within the last year: 0

### *Critical Markers*

**Time in SPOA:** Not Yet Assigned

Current Housing Situation: Homeless - shelter / emergency housing  
Current Employment Situation: Unknown  
Current Legal Situation: Unknown  
Referred for:  
Axis I Diagnosis: Unknown

**Requests:** Housing

## Potential Risk to Self and/or Others

### Assigned Housing Organization:

**Housing Phase:** Disengagement

### Currently Assigned To:

No Housing Coordinator is currently assigned to this referral

Team:

Housing Type:

Housing Subtype:

### Requests

Housing Type: Licensed

Housing Subtype: Licensed

## Referrer

Referred On Behalf of Person: Andrew Ditch

Referred On Behalf of Org: Erie County Dept. of Social Services (ECDSS)

Sylakowski , Lisa

Phone: (716) 858-2895

Email: lisa.sylakowski@erie.gov

Agency / Organization:

Title: Senior Caseworker

## Vital Demographics

Ditch, Andrew  
Date of birth: 06/07/1985  
Gender: Male  
SSN: 062-76-4297

## Contact Information

Ditch, Andrew

Home Phone: (716) 243-9653  
Cell phone:  
email:

## Race / Primary Language

Ethnicity:  
Primary Language: English  
English Proficiency:

## Marital Status / Children

Relationship Status:  
Child Custody Status:

## Current Linkages

Current Care Provider (CPP): Horizon Health Services  
CPP Contact: Ryan S  
CRT Team:  
Other Resources/Contact: PCP, Dr. Fasnello, 716-529-3070. Horzion, Dr. Josh Morra, 716-427-2777. WNY Independent Living, Latise Burke, 716-836-0822 ext. 152.  
Is client currently served with AOT Court Order? false

## Insurance

Date: 12/19/2019 -  
Insurance Type: Medicaid  
Provider:  
Policy Number:  
Group Number:  
Medicaid CIN: BK72018A  
Medicare Number:

## Capabilities

Title	Original Status	Current Status
Manage personal grooming	Needs Help	
Manage personal hygiene	Needs Help	
Manage personal laundry	Unable	
Budget Money	Unable	
Respond appropriately to emergency situations e.g. Fire	Needs Help	

Respond appropriately to emergency situations e.g. First Aid Needs Help	
Comply with medication regimen	Unable
Use public transportation and other community resources	Unable
Plans menus	Unable
Grocery shops	Unable
Prepares meals	Unable
Ability to independently take medication as prescribed	Unable

## SPOA Notes

12/24/2019 12:40 PM

Private to SPOA:

*Andrew Dearing*

housing referral moved to depaul scr.

To be screened.

## Attachments

Created Date: 12/24/2019 12:38 PM

Name: Diagnosis.pdf

Created Date: 12/24/2019 12:35 PM

Name: General Consent Form.PDF

Refused to Sign AOT Consent?:

## Client History Records

## Care Assignment

## Housing Assignment

Active?

Start: 1/2/2020

End: 2/11/2020

Type: Licensed - Supervised Community Residence (SCR)

Organization: DePaul Community Service

Coordinator: Kristi Ford

## Care Engagement

## Housing Engagement

Start: 2/11/2020 2:14 PM

End: 2/11/2020 2:14 PM

Type: Request to dis-engage.(SPOA is notified)

Duration Hours: 0

Duration Minutes: 0

Disengagement Reason: Other

Disengagement Reason (Other): no follow up

Engagement With:

Engagement With (Other):

Notes:

No follow up from client or referrer regarding required documentation for OMH licensed housing. Writer will disengage referral on this date and reactivate if documentation is provided:

*This writer left a message for Lisa Sylakowski on this date informing her that since we have not been able to move forward with Andrew's referral within a timely fashion, this referral will be withdrawn on this date. This writer informed LS that one we are able to obtain information needed to move forward with Andrew's referral, this writer will contact the County to request that his referral be reactivated with DePaul.*

Start: 2/11/2020 8:11 AM

End: 2/11/2020 8:11 AM

Type: Agency Request Disengagement from SPOA

Duration Hours: 0

Duration Minutes: 0

Disengagement Reason:

Disengagement Reason (Other):

Engagement With:

Engagement With (Other):

Notes:

This writer left a message for Lisa Sylakowski on this date informing her that since we have not been able to move forward with Andrew's referral within a timely fashion, this referral will be withdrawn on this date. This writer informed LS that one we are able to obtain information needed to move forward with Andrew's referral, this writer will contact the County to request that his referral be reactivated with DePaul.

Start: 2/4/2020 1:15 PM

End: 2/4/2020 1:15 PM

Type: Collateral contact with

Duration Hours: 0

Duration Minutes: 0

Disengagement Reason:

Disengagement Reason (Other):

Engagement With:

Engagement With (Other):

Notes:

This writer received a return message from Lisa at ECDSS regarding Andrew's referral. Lisa stated that Andrew has signed the consent for his treatment provider, however he has not given this back to Lisa as of yet. Lisa reported that Andrew has been going back and forth about his interest in housing with DePaul. Lisa expressed that she would send over the authorization once she receives it back from Andrew.

Start: 2/3/2020 7:55 AM

End: 2/3/2020 7:55 AM

Type: Left telephone message with

Duration Hours: 0

Duration Minutes: 0

Disengagement Reason:

Disengagement Reason (Other):

Engagement With:

Engagement With (Other):

Notes:

This writer placed a call to Lisa Sylakowski (858-2895) in order to follow up on Andrew's referral to DePaul and information needed in order to move forward. This writer left a message and requested a return call.

Start: 1/28/2020 7:49 AM

End: 1/28/2020 7:49 AM

Type: Left telephone message with

Duration Hours: 0

Duration Minutes: 0

Disengagement Reason:

Disengagement Reason (Other):

Engagement With:

Engagement With (Other):

Notes:

This writer left a follow up message for Lisa Sylaskowski on this date regarding Andrew's referral and information needed in order to go forward with his referral. This writer requested a return call.

Start: 1/13/2020 6:55 AM

End: 1/13/2020 6:55 AM

Type: Telephone conversation with

Duration Hours: 0

Duration Minutes: 0

Disengagement Reason:

Disengagement Reason (Other):

Engagement With:

Engagement With (Other):

Notes:

This writer received a call from Lisa Sylaskowski on this date about the information needed for Andrew's referral. LS stated that she has not been able to obtain the information that is being requested. LS stated that Andrew is linked with Horizons and this writer can send over an authorization for Andrew to sign for Horizon. LS stated that she should be meeting with Andrew soon and will have him sign the authorization.

This writer faxed (858-8017) an authorization for Horizon to LS for Andrew to review and sign.

Start: 1/7/2020 10:49 AM

End: 1/7/2020 10:49 AM

Type: Left telephone message with

Duration Hours: 0

Duration Minutes: 0

Disengagement Reason:

Disengagement Reason (Other):

Engagement With:

Engagement With (Other):

Notes:

This writer left a follow up message for Lisa Sylakowski (858-2895) on this date in order to discuss Andrew's referral and information needed in order to move forward with the referral process. This writer requested a return call.

Start: 1/2/2020 8:00 AM

End: 1/2/2020 8:00 AM

Type: Left telephone message with

Duration Hours: 0

Duration Minutes: 0

Disengagement Reason:

Disengagement Reason (Other):

Engagement With:

Engagement With (Other):

Notes:

Writer left a message with referring agent requesting a psychiatric assessment for this referral.

## Emergency Contacts

### Living Location

Dates Lived at locations: 12/16/2019 -

Living Situation: Homeless - shelter / emergency housing

Address: 1570 Buffalo Ave.

Niagara Falls, NY 14303

Is Primary:

Notes:

Andrew recently went into a shelter as he was feeling unsafe in his home. Andrew ws living with his parents at 339 Morgan St. Tonawanda, NY 14150. Andrew has a history of going to shelters then returning ba\ck home with his parents. It is unknown how long Andrew wants to stay at Community Missions.

### Diagnosis

Date: 12/19/2019 -

Axis:

Diagnosis:

Notes:

schizoaffective disorder depressive type

### Lethality Assessment

### Hospital / ER

Date: 8/3/2019 -

Type: Psychiatric E.R.

Facility: ECMC

Reason:

Notes:

### Legal

Date: 11/5/2019-

Legal Episode Type: Arrest

Criminal Procedure Law (CPL) Status:

Notes:

Andrew spiked his family's food with epsom salt and laxatives.

## Memos

